

**DECLARATION AND POWER OF ATTORNEY FOR PATENT
APPLICATION**

Attorney Docket No. 00-5008



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR DETERMINING THE CARRIER USED FOR AN AIN CALL

the specification of which (check one) [] is attached hereto. [x] was filed on 9/1/00 as Appln. Serial No. 09/654,444 and was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed
(Number) (Country) (Day/Month/Year filed) [_] Yes [_] No

I hereby claim the benefit under Title 35, United States Code, 119(e) of any United States provisional applications(s) listed below.

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date for this application:

(Appln. Serial No.) _____ (Filing Date) _____ (Status--patented, pending, abandoned)

Attorney Docket No. 00-5008

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Leonard C. Suchyta, Reg. No. 25,707, and James Weixel, Reg. No. 44,399

Address all telephone calls to James K. Weixel at telephone no. (781) 466-2220

Address all correspondence to Leonard C. Suchyta
Verizon Services Group
600 Hidden Ridge, HQE03G13
Irving, TX 75038

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Stephen Paul Brennan

Inventor's signature _____ Date _____

Residence Bedford, Texas Citizenship USA

Post Office Address 1209 Shannon Ln., Bedford, TX 76022

FULL NAME OF SECOND INVENTOR James Ralph Bradford

Inventor's signature James Ralph Bradford Date 9/18/2000

Residence Odessa, Florida Citizenship USA

Post Office Address 8921 Donna Lu Dr., Odessa, FL 33556

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Prior Foreign Application(s)	Priority Claimed
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FULL NAME OF SOLE OR FIRST INVENTOR Stephen Paul Brennan

Inventor's signature Stephen Brennan Date 9/19/00

Residence Bedford, Texas Citizenship USA

Post Office Address 1209 Shannon Ln., Bedford, TX 76022

FULL NAME OF SECOND INVENTOR James Ralph Bradford

Inventor's signature _____ Date _____

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